

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 07/01/2011.

| (1) Coverage | | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-------------------|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | 6,494.50 | 0% |
| | Commercial | 66,568.64 | 0% |
| 2. | Automobile Physical Damag Private Passenger | 3,931.47 | 0% |
| | Commercial | 17,231.21 | 0% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| Life of Insurance | | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adoption of ISO filing designations CA-2009-RLC09 & CA-2009-RRU09.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Ansur America Insurance Company

Name of Company

Shelly Hawes

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/13/2011 New Business,
02/17/2011 Renewal Business

| (1) | (2) | (3) |
|-------------------------------|--------------------------------------|------------------------------|
| Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | \$9,504,824 | +11.7% |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | \$3,995,919 | +13.9% |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Amendment of base rate and rating factors resulting in an overall program rate change of +12.3%.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

RECEIVED
FEB 9 2011
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Artisan and Truckers Casualty
Company

Name of Company

Tammy Loucks - Product Manger
Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 08/01/2011 New and Renewal.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | 1,289,740 | -5.70% |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | 398,513 | -4.07% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

* Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): Adopting Loss Cost: CA-2009-RLC09 & CA-2010-BRLA1

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Church Mutual Insurance Company

Name of Company

Steve Nurre - Director

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 07/01/2011.

| (1) Coverage | | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-------------------|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | 491,976.93 | 0% |
| | Commercial | 2,166,241.77 | 0% |
| 2. | Automobile Physical Damag | | |
| | Private Passenger | 221,272.21 | 0% |
| | Commercial | 588,933.16 | 0% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| Life of Insurance | | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adoption of ISO filing designations CA-2009-RLC09 & CA-2009-RRU09.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Company

Name of Company

Shelly Hawes

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 05/15/2011.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|---|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | 2960523 | 0.4% |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | 1028240 | -4.7% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

* Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):
We are adopting ISO loss costs and adjusting LCM's to reflect experience.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Grange Mutual Casualty Company

Name of Company

Nicole Burton, Actuarial Analyst I

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 1.18% 7/1/2011.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | 3067259 | 1.93 |
| 2. | Automobile Physical Damag | | |
| | Private Passenger | | |
| | Commercial | 1024926 | -3.04 |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: Commercial Auto Liability and Physical Damage

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Maxum Casualty is amending their base rates, minimum premiums and other factors. We are introducing a new towing coverage and amending the rating methodologies of several coverages.

We believe that these changes are necessary for Maxum to continue to meet the diverse needs of our current and prospective policyholders in your state.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Maxum Casualty Insurance Company

Name of Company

David M. Green, Vice President and General Counsel

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2011

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | <u>7,417,000</u> | <u>0</u> |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | <u>1,755,000</u> | <u>0</u> |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Plese see the attached NCAR-IL (6-11) manual pages. To be competitive , National Casualty Company has decreased the Liability LCM for "All other classes including Hired & non-owned auto" and the minimum premium for rule 90.C.1.a. "All risks other than Social Service Agency Risk from" \$131 to \$98. We have decreased it to match our Liability LCM for Trucks, Tractors, and Trailers.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Casualty Company
Name of Company

Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective **7/1/2011**

| | (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-----|----------------------------|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | \$ 12,395 | -5.4% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | \$ 4,179 | -2.0% |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of ISO loss cost revision in reference filing CA-2010-BRLA1

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Pioneer Specialty Insurance Company

Name of Company

Patrick Hyland, ACAS, MAAA - Actuary

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective April 1, 2011

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | <u>592,000</u> | <u>0</u> |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | <u>161,000</u> | <u>0</u> |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |
| Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Plese see the attached ICAR-IL (6-11) manual pages. Scottsdale Indemnity Company has done the same thing except the amended minimum premium for Non-owned (rule 89 C.1.a.) went from \$15 to \$98 to be consistent with our NCC paper. There is currently no premium for this coverage and the rate is 25% less than the NCC paper to be consistent with the other LCM's.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Scottsdale Indemnity Company
Name of Company

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate
revision effective 12.01.2011

| (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability | | |
| Private Passenger | | |
| Commercial | | |
| 2. Automobile Physical Damage | | |
| Private Passenger | | |
| Commercial | 210,434 | 5.5% |
| 3. Liability Other Than Auto | | |
| 4. Burglary and Theft | | |
| 5. Glass | | |
| 6. Fidelity | | |
| 7. Surety | | |
| 8. Boiler and Machinery | | |
| 9. Fire | | |
| 10. Extended Coverage | | |
| 11. Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other | | |

Line of Insurance

Does filing only apply to certain territory (territories) or certain classes?

If so, specify: No

Brief description of filing. (If filing follows rates of an advisory

We are filing revisions to the Collateral Package Of Protection.
Our File Number: CPOP IL 014480200023.
The information in the Form RF-3 is exact.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.

CUMIS Insurance Society, Inc.

Name of Company

Senior Vice President, Chief Ethics & Compliance Officer

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 07/01/2011.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | \$283,587 | -10.2% |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | \$84,122 | -1.6% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adopt ISO's Loss Costs from CA-2010-BRLA1 and revise LCM's.

Revise exceptions to rules 89, 90, and D.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

State Automobile Mutual Insurance Co.

Name of Company

Matthew Rowland

Official – Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 07/01/2011.

| | (1) Coverage | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1. | Automobile Liability Private Passenger | | |
| | Commercial | \$2,008,141 | -10.2% |
| 2. | Automobile Physical Damag Private Passenger | | |
| | Commercial | \$686,597 | -1.6% |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Life of Insurance | | |

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: No

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization):

Adopt ISO's Loss Costs from CA-2010-BRLA1 and revise LCM's.

Revise exceptions to rules 89, 90, and D.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

State Auto Property & Casualty Insurance Co.

Name of Company

Matthew Rowland

Official – Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 7/1/2011

| | (1) <u>Coverage</u> | (2) <u>Annual Premium Volume (Illinois)*</u> | (3) <u>Percent Change (+ or -)**</u> |
|-----|----------------------------|---|---|
| 1. | Automobile Liability | | |
| | Private Passenger | \$ 173,020 | -5.4% |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | \$ 46,293 | -2.0% |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other | | |
| | Line of Insurance | | |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of ISO loss cost revision in reference filing CA-2010-BRLA1

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Western National Mutual Insurance Company

Name of Company

Patrick Hyland, ACAS, MAAA - Actuary

Official - Title